

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

*Charles J. Melton*  
*3036 N. Newberger St*  
*Philadelphia, PA 19132*  
 (In the space above enter the full name(s) of the plaintiff(s).)

- against -

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

① *Temple University Police*  
*Station*  
*1101 W. Montgomery Ave*  
*Philadelphia, PA 19122*

② *Bardon Allied Bardon*  
*Allied Security & Security*  
*1760 Market St*  
*Philadelphia, PA 19105*

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

*didn't give name*  
*or badge number*  
*when requested*

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Temple University Police  
 Street Address 1101 W. Montgomery Ave  
 County, City Philadelphia, PA 19122  
 State & Zip Code PA, 19122

Defendant No. 2

Name Allied Security  
 Street Address 1760 Market St  
 County, City Philadelphia PA 19103  
 State & Zip Code PA, 19103

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? \_\_\_\_\_

B. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

Answered 4:00pm 01/5/2016

C. Facts:

On Tuesday 1/5/2016 went to pick up a denture bill from Temple Dental School estimate at surgery, stopped by two African American female Allied Security guards going in, on the way out the young lady security guard harness me and I asked her to call her supervisor, she called Temple Police.

I was arrested, search my person, belonging and handcuffed and detained

All Three Temple University officers.

People and friend of mine witness the outside event

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Adjustment Disorder,  
Mixed and Post Traumatic Stress  
Disorder  
Seeing a Professional Psychologist  
PTSD symptoms with therapy  
pain & suffering

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Pay for my suffering, having  
been to the doctor every since  
\$0.000

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of January, 20 18


Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

  
3036 W. Lehigh Ave #4  
Philadelphia, PA 19132

267-324-4605

cmeyton@eastlaw.edu

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_

**ABRAMSON & DENENBERG, P.C.**

*Attorneys-at-Law*

Thomas Bruno, II\*  
David H. Denenberg\*  
Alan E. Denenberg\*  
D. Ben van Steenburgh\*  
Dean Gay\*  
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A Pennsylvania Corporation  
registered in New Jersey  
(856) 354-9385

Benjamin Abramson  
1932 - 1978

Of Counsel:  
Armando A. Pandola, Jr.\*  
215-568-5010

\* Member PA Bar  
° Member NJ Bar  
⚖ Member DC Bar

December 1, 2017

**REGULAR & CERTIFIED MAIL**

Mr. Charles Melton  
3036 N. Healberger Street  
Philadelphia Pa. 19132

***RE: Date of Accident: January 5, 2016***

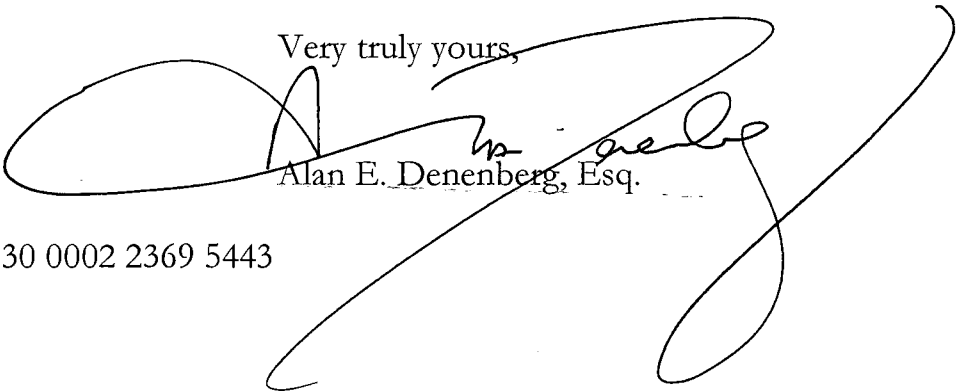
Dear Mr. Melton:

Please be advised that it has come to our attention that our office has a conflict of interest. I was advised from Garnet S. Shaw at Temple University that they were not making an offer and that this case would have to be litigated.

Based on the conflict of interest, we must decline any further representation. You have until January 5, 2018 in which to take legal action. If you fail to take legal action on or before that date, you will be forever barred. You should immediately retain new counsel to handle this matter for you.

I thank you for your immediate attention to this matter.

Very truly yours,

  
Alan E. Denenberg, Esq.

AED/mc

Certified Mail No.: 7015 1730 0002 2369 5443



**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
U.S. COURTHOUSE  
INDEPENDENCE MALL WEST  
601 MARKET STREET  
PHILADELPHIA, PA. 19106-1797**

January 8, 2018

Dear Petitioner:

Charles Melton  
3036 N. Healberger Street  
Philadelphia, PA 19132

**Complaint(s) / Appeal(s) - Missing the following:**

- ☐ Civil Cover Sheet
- ☒ Designation Form
- ☒ Case Management Track Designation Form
- ☒ Full Filing Fee / IFP Statement
  - 1.) Complaint Fee - \$400.00**
  - 2.) Appeal Fee - \$505.00
  - 3.) Habeas Fee - \$5.00
- ☐ Claim for relief

**Other:**

**Regarding:** In order for the U.S. District Court to process your Complaint the enclosed Designation form and Case Management Track form must be completed in their entirety, including checking off ONLY ONE BOX in the highlighted areas. Additionally, a full filing fee of \$400.00 paid to **Clerk, U.S.D.C.** or a completed motion to proceed *in forma pauperis* is also required.

✓  
Sincerely,

KATE BARKMAN  
Clerk of Court

Encl:

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
U.S. COURTHOUSE  
INDEPENDENCE MALL WEST  
601 MARKET STREET  
PHILADELPHIA, PA. 19106-1797**

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Sincerely,

KATE BARKMAN  
Clerk of Court

Encl:



# Account Balance

Jan. 18, 2018

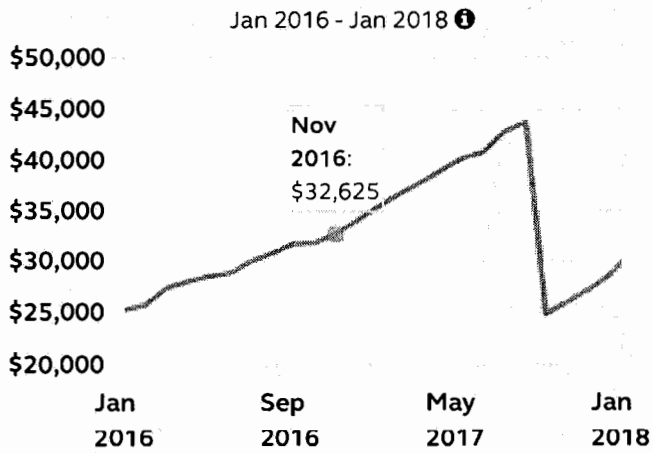
## \$29,807.49

Estimated Income Each Month in Retirement \$1,841

Loan Amount ⓘ \$23,357.28

Personalized Rate of Return 3.33%  
since 01/01/2018

Gain/Loss ⓘ \$951.21  
since 01/01/2018



### Contributions

# Pre-Tax Contribution Amount

Case 2:18-cv-00270-CMR Document 1-1 Filed 01/05/18 Page 10 of 11

\$52.12 every two weeks

4%

▲ 6% is a solid starting point in saving for retirement. Consider increasing your contribution annually by 1% until you hit 10%.

## Annual Increase

To be reported on 07/01/2018

0%

Amount to increase each year

0%

Until my contribution reaches

Save Changes

Clear Changes

## You Need

\$2,766/month  
in retirement

If you spend this much, your savings may run out by age 75.

## We Estimate You Will Have

\$1,841/month  
in retirement

\$1,306 of this is estimated to be guaranteed by Social Security, pensions, and annuities.

## You May Be SHORT

\$925/month  
in retirement

This calculator is made available as a self-help resource for your planning convenience. The results from the calculator are based on your inputs and are not intended to be a financial plan or investment advice from your current or former employer or the Principal Financial Group® but may be used as general guidelines to help you make retirement planning or other personal financial decisions.

Responsibility for these decisions is assumed by you, not your employer or the Principal Financial Group. Individual results will vary. You should regularly review your savings progress and post-retirement needs.

All projections, analysis and calculation results are estimates and depend on many factors, including the data and assumptions you provide, and may not reflect all your sources of income or expenditures. In addition, it ignores future transactions or changes in tax laws which cannot be anticipated. The reports, graphs and other analysis are dependent upon the accuracy of the data you provided. In the course of conducting administrative duties for this retirement plan, the plan administrator, employer and/or financial professional may view your Retirement Wellness Score.

# Employer Sponsored Account

Charles Melton - COMMUNITY BEHAVIORAL HEALTH 403(B) PLAN

Tell us your thoughts about this page with this **quick survey**. It will only take a minute or two.

## Your current loans

Any outstanding loan(s) on your account are listed below. Newly issued loans may take a couple days to appear on this list.

	Payment amount	Current balance <sup>2</sup>	
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Loan 1	\$24,722.49	\$219.37	\$23,357.28 08/25/2022
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[Loan Detail](#)[Pay off a loan >](#)

## Loan availability

Sorry, but you can't take out a loan right now because:

- The plan only allows 1 outstanding loan(s).
- The plan only allows 1 loan(s) in a rolling 12-month period.

MyVirtualCoach